FOOD PANTEY NAME

FOOD PANTRY NAME	DISTRIBUTION MONTH & YEAR

I CERTIFY WITH MY SIGNATURE:

- All members of my household are residents of Missouri.
- All household members receive some form of public assistance or have a combined monthly gross income that does not exceed the guidelines
 on the reverse side of this form.
- Members of my household have not received TEFAP commodities during the current month.

I UNDERSTAND:

- I may be prosecuted under current laws for accepting food for which I am not eligible.
- Foods may not be sold, exchanged or otherwise diverted from my household's use.

A household is eligible to receive TEFAP foods if all household members receive (or are included in the grant for) one or more forms of public assistance. Examples of public assistance are listed on the reverse side of this form.

If not receiving public assistance, a household may be eligible if the combined gross monthly income of all household members does not exceed the maximum income limit (updated annually) for the applicable household size. Income limits are shown on the reverse side of this form.

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RECIPIENT SIGNATURE				FOOD PANTRY CERTIFICATION			
	RECIPIENT SIGNATURE	STREET ADDRESS	CITY	DATE	APPR PA	OVED	DENIED

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

MO 886-1806 (2-08) FD-15A

FORM INSTRUCTIONS

Food pantry staff complete the lines for FOOD PANTRY NAME, DISTRIBUTION MONTH & YEAR and certify the household APPROVED PA. APPROVED NPA or DENIED.

The head of the household (or authorized representative) will sign one line on the front of this form and complete the following: HOUSEHOLD SIZE, STREET ADDRESS, CITY and DATE.

A household may meet TEFAP income-based standards in either of the following two ways:

- 1) Be a Public Assistance (PA) household due to the receipt of public assistance benefits as described on the front of this form.
- 2) If a household is not eligible as a Public Assistance household, then it must have a combined gross income which does not exceed the maximum income limit for the applicable household size. (NPA)

NOTE: Households eligible under #1 above shall not have their income explored under #2 above.

Examples of public assistance include, but are not limited to:

- Temporary Assistance (TA)
- Food Stamps (FS)
- Low Income Home Energy Assistance (LIHEAP)
- MO HealthNet (formerly Medicaid)
- Public Housing Assistance
- Supplemental Aid to the Blind (AB)
- Supplemental Payments (SP)
- Supplemental Security Income (SSI)

NOTE: Social Security and Medicare are **not** forms of public assistance.

INCOME ELIGIBILITY GUIDELINES

(Effective March 1, 2008)

125% of Federal Poverty

HOUSE- HOLD SIZE	MONTHLY INCOME	
1	\$ 1,084	
2	\$ 1,459	
3	\$ 1,834	
4	\$ 2,209	
5	\$ 2,584	
6	\$ 2,959	
7	\$ 3,334	
8	\$ 3,709	
9	\$ 4,084	
10	\$ 4,459	

150% (Elderly/Disabled HHs)

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MONTHLY INCOME	
\$ 1,300	
\$ 1,750	
\$ 2,200	
\$ 2,650	
\$ 3,100	
\$ 3,550	
\$ 4,000	
\$ 4,450	
\$ 4,900	
\$ 5,350	

For each additional household member over 10, add \$375.

For each additional household member over 10, add \$450.

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